

MONROE COUNTY

For **RISK MANAGEMENT** only

REPORT OF INCIDENT

FAX IMMEDIATELY

RISK MANAGEMENT at 295-3179 (property damage or vehicle)
FAXED FROM: _____ NUMBER: _____

☐ **Employee injury**
Notify workers comp

☐ **Vehicle Accident**
Notify Risk Management

☐ **Other**

WHO:	Name either employee or public		Phone:
SUPERVISOR:		JOB TITLE if employee	
DEPARTMENT:		Vehicle ID #	
WHAT: TYPE OF ACCIDENT			
WHERE: LOCATION OF ACCIDENT			
WHEN: DATE		AM/PM	
MO/ DAY/ YR		TIME	
WHY: DESCRIBE ACCIDENT			
DESCRIBE INJURY OR PROPERTY DAMAGE:			

MEDICAL ATTENTION REQUIRED: ☐ YES ☐ NO if yes report injury to Workers Comp also.

If Personal Property Damage or Injury to the Public:

Name of Owner: _____
Address: _____
Phone #: _____

FILL OUT ACCIDENT INVESTIGATION REPORT AND NOTICE OF INJURY (if employee injury) AND
SEND TO YOUR DEPARTMENT HEAD FOR COMMENTS AND SIGNATURES

CC: DEPARTMENT HEAD via FAX

**MONROE COUNTY
VEHICLE ACCIDENT ADDITIONAL INFORMATION
TO RISK MANAGEMENT**

COUNTY VEHICLE

DATE

MAKE

MODEL

YEAR

LICENSE NO:

COUNTY ID #.

ESTIMATED REPAIR COST:

WHAT WAS THE VEHICLE BEING USED FOR?

WEATHER CONDITIONS:

PRIVATE VEHICLES INVOLVED (if applicable)

MAKE

MODEL

YEAR

LICENSE NO:

ESTIMATED REPAIR COST

OWNER:

ADDRESS:

PHONE NUMBER:

DRIVER (if different from owner)

ADDRESS

PHONE NUMBER

INSURANCE COMPANY

CIRCLE INVESTIGATION TYPE SHERIFF FHP CITY POLICE OTHER

WHO WAS CHARGED WITH THE ACCIDENT?

ANY ARRESTS MADE? IF YES WHO?

DIAGRAM OF ACCIDENT:

SIGNATURE: _____ NAME: _____